M (D) 30310301

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

Other Than An Authorized Committee

RECEIVED

2013 FEB - 1 AM 10: 54

NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4FEC MAIL CENTER

50 State Strategy

ADDRESS (number and street)

111 W. Saint John Street

Check if different than previously

Suite 700.

	repo			SIC!_ CITY▲			CA 951	
2.	FEC ID	ENTIFICATION NUMI	BER ▼	CITY				ZIP CODE.
	C .0	0502633	3	3. IS THIS REPORT	/	NEW (N) OR	AMENDED (A)	
4.	TYPE (Choose	OF REPORT One)	(b) Monthly Report Due On:	Feb 20 (M2)	ı	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reparts:		Mar 20 (M3)		Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
		April 15 Quarterly Report (Q1)		Apr 20 (M4)		Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
		July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Ele Report fo		Primary (1	·	General (12G)	Runoff (12R)
		October 15 Quarterly Report (Q3)	· Heport w	or trie.	Convention (12C)		Special (12S)	
	/	January 31 Year-End Report (YE)		Election on	_			in the State of
		July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (3	0G)	Runoff (30R)	Special (30S)
		Termination Report (TER)	Report fo	or the: Election on		11 B	. <u>.</u>	in the State of
5.	Covering	Period	27 2	.012	through	12	31 20	١2.
	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Тур	e or Print	Name of Treasurer	Richard	robinso	W.			<u> </u>

2013 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

L	Office Use Only				FEC FORM 3X Rev. 12/2004	
FE6AN026						

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

27 2012

To: 12 31 2012

· ·	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 20 1 2		38.50
(b) Cash on Hand at Beginning of Reporting Period	444.90	
(c) Total Receipts (from Line 19)	190.00	14,699.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	634.90	14,737.60
7. Total Disbursements (from Line 31)	24.00	9,826.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	610.90	4,910.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4,524.10	·.

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name 2012 2012 To: Report Covering the Period: From: COLUMN A **COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5475.00 0.00 (i) Itemized (use Schedule A)..... (ii) Uniternized (iii) TOTAL (add 5,475.00 0.00 Lines 11(a)(i) and (ii)....... (b) Political Party Committees Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 5.475.00 0.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other Party Committees..... 190.00 224.10 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5)

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))........

(c) Total Transfers (add 18(a) and 18(b))..

190.00

14,699.10

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......▶

190,00

14,699.10

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

		II. Disbursements	COLUMN A Total This Petiod	COLUMN B Calendar Year-to-Date
21.		erating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share		
		(ii) Non-Federal Share		c
	(b)	Other Federal Operating	24.00	1 001-08
	(c)	Expenditures Total Operating Expenditures	24.00	ω ₁ 02 ω.88
	•	(add 21(a)(i), (a)(ii), and (b))▶	24.00	6,026.88
22.		nsfers to Affiliated/Other Party mmittees		, .
23.	Cor	ntributions to deral Candidates/Committees I Other Political Committees		
24.		ependent Expenditures	•	·
25.	(2 t	e Schedule E) ordinated Party Expenditures U.S.C. §441a(d)) e Schedule F)		
26.	Loa	ın Repayments Made	0.00	3,800.00
27. 28.	Ref	ns Made unds of Contributions To: Individuals/Persons Other Than Political Committees		
	(b) (c)	Political Party Committees Other Political Committees		
	(0,	(such as PACs)		
	(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))▶		
29.	Oth	er Disbursements		
30.		eral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		
		(ii) "Levin" Share		
	(b)	Federal Election Activity Paid Entirely		
	(c)	With Federal Funds	·	
31.	Tota	I Disbursements (add Lines 21(c), 22,		
		24, 25, 26, 27, 28(d), 29 and 30(c))	24.00	9,826.88
32.	Tota	Federal Disbursements		-
	•	tract Line 21(a)(ii) and Line 30(a)(ii)	201.04	A 9 2 4 - 5
	trom	Line 31)	24.00	9,826.88

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)	5. 5.55a.655	Page 5
. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	5,475.00
Net Contributions (other than loans)		
(subtract Line 34 from Line 33)	00.0	5,475.00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	24.00	6,026.88
Offsets to Operating Expenditures		, ,
(subtract Line 37 from Line 36)	24.00	6,026.88
	Net Contributions/Operating Expenditures Total Contributions (other than loans) (from Line 11(d), page 3)	Net Contributions/Operating Expenditures Total Contributions (other than loans) (from Line 11(d), page 3)

SCHEDULE B (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: (check only one)		PAGE (0 OF 28	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 23 28a 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the near	nents may not be sold or used ne and addiniss of any political	by any pers committee to	on for the purpose of so a solicit centributions fro	oliciting contributions m such committee.	
NAME OF COMMITTEE (In Full) 50 State Strategy					
Full Name (Last, First, Middle Initial)			Date of Disbursemen	nt	
UNION BOAK			m m / 0 0	/ Y Y Y Y	
	512380		11 30	2012	
Y'Y A	State Zip Code (A 9005)			_	
Purpose of Disbursement SCRVICL CYCLECUL			Amount of Each Disl	oursement this Period	
Candidate Name	Category/		, 12.00		
Office Sought: House Disbursen	nent For:	Туре	7	, 14.00	
	Primary General Other (specify)				
Full Name (Last, First, Middle Initial)					
B. Union Bank			Date of Disbursemen	At	
Mailing Address UST Gate 0114 P.O. Bo		12 31	2012		
Los Ancieles					
Purpose of Disbursement			Amount of Each Dist	Pursement this Period	
Candidate Name		Category/ Type	•	, 12.00	
├ ` 	eent For: Primary General Other (specify) ▼			;	
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursemen		
Mailing Address					
City	City State Zip Code				
Purpose of Disbursement	Purpose of Diabursement				
Candidate Name		Category/ Type	Amount of Each Disb		
Office Sought: House Disbursem	ent For: Primary General		7	,	
<u> </u>	Other (specify)				
SUBTOTAL of Disbursements This Page (optional)			3	, 24.00	
TOTAL This Period (last page this line number only)				, 24.00	
IN IMP I HO I SHOU (HOST PAGE THE HIS HIS HUMBER OF HE).			5	, ~ !; •	

SCHEDULE C (FEC Form 3X) LOANS		Use separate schedu for each category of Detailed Summary Pa	the
NAME OF COMMITTEE (In Full)	· ·	-	
50 State Strategy			
LOAN SOURCE Full Name (Last, First, I	Middle Initial)		Election:
Robinson Commu	nications.		Primary General
Mailing Address 152 N Third St City	San Jose (CA 951/2	Other (specify)
Original Amount of Loan	Cumulative Paymen		alance Outstanding at Close of This Period
130 00	_	D	130 00
TERMS Date Incurred	Date D	Due Interest Ra	ate Secured:
01 17 2012).OO % (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	· · · · · · · · · · · · · · · · · · ·
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	 	Name of Employer	· · · · · · · · · · · · · · · · · · ·
Mailing Address	,	Occupation	
		Amount	·
City State	ZIP Code	Guaranteed Outstanding:	
<u></u>			
UBTOTALS This Period This Page (optional)		>	130.00
OTALS This Period (last page in this line on	ly)		
Carry outstanding balance only to LINE 3, So	hedule D, for this line.	If no Schedule D. carry for	ward to appropriate line of Summary.

•		
SCHEDULE C (FEC Form 3X)		
OANS	Use separate schedule(s) for each category of the	PAGE & OF 28
	Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (IN FUII) 50 State Strategy.		
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Robinson Communicat		Primary
	110115	General
Mailing Address 152 N Third St., St. 600 San. City State	JUSE CA 95113	Other (specify) ▼
		ce Outstanding at Close of This Period
7.05	0.00	7.05
TERMS Date Incurred	Date Due Interest Rate	· Secured:
02 01 2012	0.0	OO % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	;	
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
2. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (East, First, Middle Initial)	Name of Employer	
Mailing Address	Occumention	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
1 0.0,	,	•

SUBTOTALS	This Period	This Page	(optional)	>
				

7.05

TOTALS This Period (last page in this line only)......

Carry outstanding balance only to LiNE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Outstanding:

SCHEDULE C (FEC Form 3X) LOANS		Use separate schedu for each category of	the	PAGE 9	OF 28	
		Detailed Summary Pa	age	FOR LINE 1	3 OF FORM	1 3X
NAME OF COMMITTEE (In Full)	•					
50 State Straitegy						
LOAN SOURCE Full Name (Last, First,			Elec	ction:	*****	
Robinson Commi	unications			Primary General		
Mailing Address 152 N. Third St Sav	n luse CA ge	5112		Other (specify)	▼	
City	State ZIP Co			- "		
Original Amount of Loan	Cumulative Payment To	o Date Ba	alance C	Outstanding at C	lose of This	Period
1564.10	<u> </u>	0		15	564-1	10
TERMS Date Incurred	Date Due				Secured:	
0209 2012		(J.00	% (apr)	Yes	No
List All Endorsers or Guarantors (if an	y) to Loan Source	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	P			
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	e ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation		·····		
		Amount				
City State	e ZIP Code	Guaranteed				
A First Middle Initial		Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation			 	
		Amount				
City State	e ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount	 			
City State	e ZIP Code	Guaranteed Outstanding:				
UBTOTALS This Period This Page (options	ai)	>		15	564.1	0
OTAL'S This Period (last page in this line of	only)					
Carry outstanding balance only to LINE 3, 5	Schedule D, for this line. If	no Schedule D, carry for	rward to	appropriate li	ne of Summ	arv.

SCHEDULE C (FEC Form 3X)	
LOANS	Use separate schedule(s) PAGE 10 OF 28
	Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
50 State Stautegy	•
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Robinson Communication	Other (
152 N. Third St. San Jose CA	95112 ZIP Code
Original Amount of Loan Cumulative Payme	
500.00	0 500,00.
TERMS Date Incurred Date	e Due Interest Rate Secured:
02 15 2012	O O, ÓÓ % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
71D Code	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Eleke 7/10 Codo	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Ony	Outstanding:
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	>
Commendate distriction belongs only to LIME 2. Schodule D. for this liv	ne If no Schedule D. corpy forward to engropriete line of Summary

SCHEDULE C (FEC Form 3X)				
LOANS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)				
50 State Strategy.				
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: Primary		
Robinson Communications		General		
Mailing Address 152 N. Third St. San Jose CA City State ZIP C		Other (specify)		
Original Amount of Loan Cumulative Payment 1	To Date Baland	ce Outstanding at Close of This Period		
500.00	0.00	500.00.		
TERMS Date incurred Date Dute	ie Interest Rate	Secured:		
02 29 2012	0.0	O % (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer	· · · · · · · · · · · · · · · · · · ·		
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (East, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		500,00		
TOTALS This Period (last page in this line only)	>			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	f no Schedule D, carry forwar	d to appropriate line of Summary.		

1

A NO	Use separate schedule	e(s) PAGE 12	OF 28	<u> </u>
OANS	for each category of the Detailed Summary Page	ne	13 OF FORM	/ 3X
AME OF COMMITTEE (In Full)	<u> </u>			
50 State Strategy				
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:		
Robinson Communications	·	Primary General		
Mailing Address 152. N. Third St San Jose CA City State ZIP Coo		Other (specify)	▼	
City State ZIP Cod Original Amount of Loan Cumulative Payment To		ance Outstanding at 0	Close of This	Perior
64.95	0,00	drice Outstanding	64.°	_
TERMS Date Incurred Date Due	Interest Rat	de	Secured:	
63 01 2012.), OO % (apr)	Yes	No
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer		<u> </u>	
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation	·		
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
	Name of Employer			
Mailing Address	Occupation			
<u> </u>	Amount			
1 4	Guaranteed Outstanding:	,		
				15

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 27

	Detailed Summary Pag	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		
50 State Strategy		•
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Robinson Communications		Primary General
Mailing Address 152 N. Third St San Jose CA City State ZIP C	95112.	Other (specify)
Original Amount of Loan Cumulative Payment To		1 Ince Outstanding at Close of This Period
66.00	0,00	68.00
TERMS Date Incurred Date Due	Interest Rate	Secured:
03 13 2012.	0.	, OO % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	· · · · · · · · · · · · · · · · · · ·
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (East, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (optional)	·····	<i>69.0</i> 0
OTALS This Period (last page in this line only)arry outstanding balance only to LINE 3, Schedule D, for this line. If	· · · · · · · · · · · · · · · · · · ·	ard to appropriate line of Summary

SCHEDULE C (FEC Form 3X)	•	Use separate sched	fule(s)	PAGE 14	OF 73	
LOANS	!	for each category of Detailed Summary P	f the	<u> </u>	13 OF FORM	vi 3X
NAME OF COMMITTEE (In Full)						
50 State Strategy.						
LOAN SOURCE Full Name (Last, First, Middle In			Ele	ection:		
Robinson Communi Mailing Address	cations			Primary General Other (specify	4.A	
152 N. Third St. San J City State	JOSE CA GO	5112.	<u>.</u> .	——————————————————————————————————————	<i>n</i> ₩	
	mulative Payment To I		Balance (Outstanding at	Close of Thir	Period
500.06		0,00			500.	
TERMS Date Incurred	Date Due	Interest F	Rate		Secured:	
03 15 2012.			0,00	O % (apr)	Yes	No
List All Endorsers or Guarantors (if any) to Loa						
Full Name (Last, First, Middle Initial)		Name of Employer				•
Mailing Address		Occupation '				
		Amount				
City State ZIP	P Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	1	Name of Employer				
Mailing Address		Occupation				
		Amount				
City State ZIP	P Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
	-	Amount				
City State ZIP	Code	Guaranteed				
4. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer				
Mailing Address		Occupation				
Mailing Address						
City State ZIP	Code	Amount Guaranteed			-	
Oily		Outstanding:			···	
					~	-
SUBTOTALS This Period This Page (optional)		>			500,C	
TOTALS This Period (last page in this line only)	· · · · · · · · · · · · · · · · · · ·	>				
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If no	o Schedule D, carry fr	orward t	o appropriate	line of Sum	nary.

SCHEDULE C (FEC Form 3X)		T 16
LOANS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	<u> </u>	- '
50 State Streategy.		
LOAN SOURCE Full Name (Last, First, Middle Initial)	E	lection:
Robinson Communications		Primary General
Mailing Address 152 N. Third St. San Jox CA 9° City State ZIP Coo	5112.	Other (specify)
Original Amount of Loan Cumulative Payment To		e Outstanding at Close of This Period
200.00	0,00	206,00
TERMS Date Incurred Date Due	Interest Rate	Secured:
03 22 2012	0,0	O % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
·	Amount	· · · · · · · · · · · · · · · · · · ·
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
.	Amount	
1 0119	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	>	200.00
TOTALS This Period (last page in this line only)	>	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	o Schedule D, carry forward	to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 28

		Detailed Summary		FOR LINE	13 OF FORM	1 3X
AME OF COMMITTEE (In Full)						
50 State Strutegy						
Robinson Communic				ion: Primary General		
Mailing Address 152 N. Third St. San Jox City State	_CA 95172) .		Other (specify)		
	ative Payment To Date		Balance Ou	utstanding at (Close of This	Perior
500,66		0,00			500.	06
TERMS Date Incurred	Date Due	Interest	Rate		Secured:	-
03 30 2012			0.00	% (apr)	Yes	No
List All Endorsers or Guarantors (if any) to Loan S						
Full Name (Last, First, Middle Initial)	Na	me of Employer				
Mailing Address	Oce	cupation				
	Am	ount	-			
City State ZIP Co		aranteed Istanding:				
2. Full Name (Last, First, Middle Initial)		me of Employer	······································			
Mailing Address	Occ	cupation				
		ount			· · · · · · · · · · · · · · · · · · ·	 ,
City State ZIP Co		aranteed standing:				
3. Full Name (Last, First, Middle Initial)	Nar	ne of Employer				
Mailing Address	Occ	cupation				
	1	ount				
City State ZIP Co		aranteed standing:				
4. Full Name (Last, First, Middle Initial)	Nan	ne of Employer				
Mailing Address	Occ	upation				
		ount				
City State ZIP Co		aranteed standing:				
					_	
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arry outstanding balance only to LINE 3, Schedule D, 1	lor this line. If no Sc	chedule D, carry 1	orward to	appropriate !	ine of Sumn	nary.

CHEDULE C (FEC Form 3X)	Line constants polyadyi	-(-)	PAGE (1	OF 28	
DANS	Use separate schedul for each category of t Detailed Summary Pa	he		13 OF FORM	И 3X [°]
AME OF COMMITTEE (In Full)		اـــــــــــــــــــــــــــــــــــــ			
50 State Strategy					
LOAN SOURCE Full Name (Last, First, Middle Initial)		Ele	ection:	· · · · · · · · · · · · · · · · · · ·	
Robinson Communication	· S -		Primary General		
Mailing Address 152 N. Third St. San Juse C.F. City State ZIP	95112 Code	-	Other (speci	fy) ▼	
Original Amount of Loan Cumulative Payment	To Date Ba	lance (Outstanding a	t Close of This	Period
1 000 .00	1000,00				0
TERMS Date Incurred Date D	ue Interest Ra	te		Secured:	
04 17 2012			(apr) %	Yes	No
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation		····		
	Amount		·		
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation			•	

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to a	ppropriate line of Summary.

State

State

ZIP Code

ZIP Code

Amount

Guaranteed Outstanding:

Occupation

Guaranteed

Outstanding:

Amount

Name of Employer

City

City

Mailing Address

4. Full Name (Last, First, Middle Initial)

Use separate schedule(s) for each category of the Detailed Summary Page

Roloinson Commun		<i>S.</i>	Election: Primary General		
Mailing Address 152 M. Thied St. San City Sta	1 JOSE CA te ZIP Co	95112.	Other (specify	/) ▼	
Original Amount of Loan Co	umulative Payment To	Date	Balance Outstanding at	Close of This Pe	rio
1000.00	١,	000,00		Č)
TERMS Date Incurred	Date Due	Interest	Rate	Secured:	
05 17 2012			0,00 % (apr)	Yes	No
List All Endorsers or Guarantors (if any) to Lo	an Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State Z	IP Code	Amount Guaranteed Outstanding:		· · · · · · · · · · · · · · · · · · ·	
2. Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Name of Employer			
Mailing Address		Occupation			
City State Z	P Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer	 		
Mailing Address		Occupation			_
City State Z	P Code	Amount Guaranteed	······································		
4. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer			
Mailing Address		Occupation			
		Amount			
City State ZI	P Code	Guaranteed Outstanding:			
				. ~	_
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PAGE OF Use separate schedule(s) for each category of the FOR LINE 13 OF FORM 3X Detailed Summary Page NAME OF COMMITTEE (In Full) 50 State Strategu LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Communications. **Primary** Robinson General Mailing Address Other (specify) w San Jox CA 95112 152 N. Third Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1,000,00 900.00 100,00 **TERMS** Date Incurred Date Due laterate Rate Secured: 2012 0,00 % (apr) 06 17 Yes . No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** ZIP Code State Guaranteed City Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 100,00 SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only)......

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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	for each category of Detailed Surrimery Pa		FOR LIN	NE 13 OF FORM 3X
ME OF COMMITTEE (In Full)				
50 State Strategy				
LOAN SOURCE Full Name (Last, First, Middle Initial)		Ele	ection: Primary	
Relainson Communications		\parallel	General	
Mailing Address 152 N Third St. Jan Jux CA C	15112	٦Ľ	Other (spe	cify) 🔻
City State ZIP	Code	-		
Original Amount of Loan Cumulative Payment	To Date Ba	lance	Outstanding	at Close of This Per
1,060.00	,900 -00		ą	,100.00
TERMS Date Incurred Date D	ue Interest Ro	ote		Secured:
M M / D D / Y Y Y D EL / D D /	v v v v) % (apr)	
07 17 2012		/ _A O(% (apr)	Yes
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:	ą	.,5	•
2. Full Name (Last, First, Middle Initial)	Name of Employer		· · · · · · · · · · · · · · · · · · ·	
Mailing Address	Occupation		 	
-				
City State ZIP Code	Amount Guaranteed			
Oily State 21 Soci	Outstanding:	٠٣.	9	7
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount		 	
City State ZIP Code	Guaranteed Outstanding:		3'	.•
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Malling Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:	9		

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SCHEDULE C (FEC Form 3X)		1 0) 79
LOANS	Use separate schedule(s) for each category of the	
	Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	·	
50 State Strutegy		,
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: Primary
Robinson Communications		General Other (specify) ▼
Mailing Address 152 N. Third St. Sun Juse CA City State ZIP C		Otrier (specify)
Original Amount of Loan Cumulative Payment		ce Outstanding at Close of This Period
1,000.00	900.00	100,00
TERMS Date Incurred Date Du	e Interest Rate	Secured:
08 17 2012	0.0	OO % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
	Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	· · · · · · · · · · · · · · · · · · ·
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	·
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		100,00.
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	f no Schedule D. carry forwar	rd to appropriate line of Summers
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SCHEDULE C	(FEC	Form	3X)
LOANS			

Use separate schedule(s)

LOANO	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		
50 State Strategy	•	
LOAN SOURCE Full Name (Last, First, Middle Initial)	E	lection:
Robinson Communications Mailing Address		Primary General Other (specify)
III W. St. Johns Street San Jox Cip	+ 95113	
City State ZIP Cod Original Amount of Loan Cumulative Payment To I		Outstanding at Close of This Period
	(7)	2669
26.69		\(\mathcal{U}\).\(\mathcal{U}
TERMS Date Incurred Date Due	Interest Rate	Secured:
10 22 2012	00	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	,
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
2. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
	Guaranteed Outstanding:	
4. Full Name (Last, Pirst, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	-
	Guaranteed Outstanding:	
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TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3. Schedule D. for this line, if no	o Schedule D. cerry forward	to appropriate line of Summers

Use separate schedule(s) for each category of the

	Detailed Summary Page	FOH LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full)			
5) State Strategy		•	
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:	
- 1		Primary	
Robinson Communications		General	
Mailing Address 111 W. St. John St. San Jox CA	95113	Other (specify)	
City State ZIP Cod			
Original Amount of Loan Cumulative Payment To I	Date Baia	nce Outstanding at Close of This Period	
36.67	<i>O</i>	36.67	
TERMS Date Incurred Date Due	Interest Rate	Secured:	
10 25 2012	0.0	% (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
1.	· · · · · · · · · · · · · · · · · · ·		
·	Amount Guaranteed		
	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
}	Amount		
	Guaranteed Outstanding:		
	Name of Employer		
The state of the s	· · · · · · · · · · · · · · · · · · ·		
Mailing Address	Occupation		
	Amount		
19	Guaranteed Outstanding:		
	Oustanding.		
	•	_	
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The Paris of the P			
TOTALS This Period (last page in this line only)	·······························		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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·	Detailed Summary Page	FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full)			
and State Strategy	•		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Ele	ction:	
Robinson Communications		Primary General	
		Other (specify)	
III W. St. John St San Jox	CA 95113	•	
City State ZIF Original Amount of Loan Cumulative Paymer	Code It To Date Balance (Outstanding at Close of This Period	
	-	•	
28.07	0	28.67	
TERMS Date Incurred Date I	Due Interest Rate	Secured:	
10 28 2012	0.00	% (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation	·	
Walling Address	Ossipalion		
City State ZIP Code	Amount Guaranteed		
City State ZIP Code	Outstanding:	<u>.</u>	
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	Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		
50 State Strategy		
LOAN SOURCE Full Name (Last, First, Middle Initial)		ection:
Robinson Communication's	L :	Primary General
Robinson Communications Mailing Address W. St John St San Jose CA	95113	Other (specify) ▼
City State ZIP C	ode	Outstanding at Oliver (TT) Do
Original Amount of Loan Cumulative Payment T	o Date Balance	Outstanding at Close of This Period
19.80	0	19.80
TERMS Date Incurred Date Due	e Interest Rate	Secured:
11 04 2012	O, O) % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP. Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
·I.,		
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Use separate schedule(s) PAGE 210

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NAME OF COMMITTEE (In Full)		
LOAN SOURCE Full Name (Last, First, Middle Initial) Rolanson Communication		Election: Primary General
Mailing Address 111. W. St. John St. San City State	JUSC CA 95113	Other (specify)
U.I.		1 ance Outstanding at Close of This Period
36.41	0	36.41
TERMS Date Incurred	Date Due Interest Rate	Secured:
11 06 2012	0.0)O % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan So		
Full Name (Last, First, Middle Initial)	Name of Employer	
. Mailing Address	Occupation	
City State ZIP Cod	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Coo	Amount Guaranteed Outstanding:	**************************************
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Cod	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Cod	Amount Guaranteed Outstanding:	
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 27 OF 28

		Detailed 8	Summary Page	FOR LINE 1	3 OF FORM	1 3X
NAME OF COMMITTEE (In Full)						
50 State Strategu	<i></i>					
LOAN SOURCE Full Name (Last, First,			Ele	ection:		
Robinson Communic	cations		L	Primary General		
Mailing Address III W. St. John St. Sou	n Jose C	A 95113		Other (specify)	▼	
City	State	ZIP Code				
Original Amount of Loan	Cumulative Pay		Balance	Outstanding at C	lose of This	Period
22.30) 	0			22.3	360
TERMS Date Incurred	D	ate Due	Interest Rate		Secured:	
11 13 2012			0.00	% (apr)	Yes	No
List All Endorsers or Guarantors (if an	y) to Loan Source	· · · · · · · · · · · · · · · · · · ·				
1. Full Name (Last, First, Middle Initial)		Name of Em	nployer			
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Em	nployer	······································		
Mailing Address		Occupation				——
		Amount			 	
City State	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Em				
Mailing Address	<u> </u>	Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Em				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
<u></u>						<u> </u>
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TOTALS This Period (last page in this line of					Ad	J U.
TOTALS This Period (last page in this line of	, auy j					
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	Detailed Summary Pag	je	FOR LINE 1	3 OF FORM	1 3X
NAME OF COMMITTEE (In Full)					
5) State Strategy					
LOAN SOURCE Full Name (Last, First, Middle Initial)		Elect			
Robinson Communications			Primary General		
Mailing Address W. St. John St. San Jox CA City State ZIP Co	95113.	J	Other (specify)	▼	
City State ZIP Con Original Amount of Loan Cumulative Payment To		ance O	ststanding at C	lose of This	Pariod
20,00	0			20.0	
				0.0 ? (
TERMS Date Incurred Date Due	Interest Rat	е		Secured:	
12 04 2012	6.	, OO	% (apr)	Yes	No
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer	·- <u>. </u>			-
Mailing Address	Occupation				
Mailing Address	Occupation	·			
City State ZIP Code	Amount Guaranteed				
. State 2 in Gods	Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation		· · · · · · · · · · · · · · · · · · ·		
· ·	Amount				
City State ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
Walning Address	Occupation				
Chata 7D Code	Amount				
City State ZIP Code	Guaranteed Outstanding:				
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

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USPS Express Mail	Postmarked
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Next E	Business Day Delivery
Received from House Records & Registration Office	Date of Receipt ce
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
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PREPARER	DATE PREPARED

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